

EXHIBIT H

Form

1120**U.S. Corporation Income Tax Return**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceFor calendar year 2001 or tax year beginning _____, ending _____
Instructions are separate. See page 20 for Paperwork Reduction Act Notice.**2001**

A Check if a: 1 Consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/>		Name ULTIMATE MOTROLLER CORPORATION Number, street, and room or suite no. (If a P. O. box, see page 7.) 373 W. PALMER AVENUE, #A City or town State ZIP code GLENDALE CA 91311		B Employer identification number 95-4609867 C Date incorporated 1/1/1997 D Total assets (see page 8 of instructions)	
E Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input checked="" type="checkbox"/> Address change \$ 89,523					
1a Gross receipts or sales 308,100 b Less returns c Balance 1c 308,100 2 Cost of goods sold (Schedule A, line 8) 2 172,897 3 Gross profit. Subtract line 2 from line 1c 3 135,203 4 Dividends (Schedule C, line 19) 4 5 Interest 5 6 Gross rents 6 7 Gross royalties 7 8 Capital gain net income (attach Schedule D (Form 1120)) 8 9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797) 9 10 Other income (see page 8 of instructions - attach schedule) 10 11 Total income. Add lines 3 through 10 11 135,203		TAXPAYER'S COPY		12 Compensation of officers (Schedule E, line 4) 12 13 Salaries and wages (less employment credits) 13 14 Repairs and maintenance 14 235 15 Bad debts 15 16 Rents 16 12,825 17 Taxes and licenses 17 800 18 Interest 18 6,160 19 Charitable contributions (see page 10 of instructions for 10% limitation) 19 20 Depreciation (attach Form 4562) 20 23,135 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 23,135 22 Depletion 22 23 Advertising 23 24 Pension, profit-sharing, etc., plans 24 25 Employee benefit programs 25 26 Other deductions (attach schedule) 26 379,834 27 Total deductions. Add lines 12 through 26 27 422,989 28 Taxable income before NOL deduction and special deductions. Subtract line 27 from line 11 28 -287,786 29 Less: a Net operating loss (NOL) deduction (see page 13 of instructions) 29a 703,540 b Special deductions (Schedule C, line 20) 29b 29c 703,540 30 Taxable income. Subtract line 29c from line 28 30 -991,326 31 Total tax (Schedule J, line 11) 31 32 Payments: a 2000 overpayment credited to 2001 32a b 2001 estimated tax payments 32b c Less 2001 refund applied for on Form 4468 32c d Bal 32d e Tax deposited with Form 7004 32e f Credit for tax paid on undistributed capital gains (attach Form 2439) 32f g Credit for Federal tax on fuels (attach Form 4136). See instructions 32g 32h 33 Estimated tax penalty (see page 14 of instructions). Check if Form 2220 is attached <input type="checkbox"/> 33 34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed 34 35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid 35 36 Enter amount of line 35 you want: Credited to 2002 estimated tax 36 Refunded	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No**Paid Preparer's Use Only**

Preparer's signature

Date

9/11/2002

Check if self-employed

☒

Preparer's SSN or PTIN

Firm's name (or yours) and address
ACE BUSINESS SERVICES
14422 VICTORY BLVD.
VAN NUYS

State CA

EIN 95-3896700

Phone no. (818)994-7365

ZIP code 91401

(HTA)

Form 1120 (2001)

Schedule A Cost of Goods Sold

(See page 14 of instructions.)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	172,897
6	Total. Add lines 1 through 5	6	172,897
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on line 2, page 1	8	172,897

9a Check all methods used for valuing closing inventory:

- (i) ☐ Cost as described in Regulations section 1.471-3
- (ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
- (iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c)☐**c Check if the LIFO inventory method was adopted this tax year for any goods (If checked, attach Form 970)**☐**d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO**

9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?☐ Yes☐ No**f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?**

If "Yes," attach explanation

☐ Yes☐ No**Schedule C Dividends and Special Deductions**

(See page 15 of instructions.)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)	70%	
2	Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)	80%	
3	Dividends on debt-financed stock of domestic and foreign corporations (section 248A)	see instruct.	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	42%	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	48%	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction	70%	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction	80%	
8	Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 246(b))	100%	
9	Total. Add lines 1 through 8. See page 16 of instructions for limitation		
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100%	
11	Dividends from certain FSCs that are subject to the 100% deduction (section 246(c)(1))	100%	
12	Dividends from affiliated group members subject to the 100% deduction (section 243(a)(3))	100%	
13	Other dividends from foreign corporations not included on lines 3, 6, 7, 8, or 11		
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)		
15	Foreign dividend gross-up (section 78)		
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))		
17	Other dividends		
18	Deduction for dividends paid on certain preferred stock of public utilities		
19	Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1		
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1		

Schedule E Compensation of Officers

(See instructions for line 12, page 1.)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1					
2	Total compensation of officers				
3	Compensation of officers claimed on Schedule A and elsewhere on return				
4	Subtract line 3 from line 2. Enter the result here and on line 12, page 1				

Schedule J Tax Computation

(See page 16 of Instructions.)

1	Check if the corporation is a member of a controlled group (see sections 1561 and 1563)	<input type="checkbox"/>	
Important: Members of a controlled group, see instructions on page 16.			
2a	If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1)	\$	(2)	\$
(3)	\$	(4)	\$
b	Enter the corporation's share of:	(1) Additional 5% tax (not more than \$11,750)	\$
		(2) Additional 3% tax (not more than \$100,000)	\$
3	Income tax. Check if a qualified personal service corporation under section 448(d)(2)	<input type="checkbox"/>	3
4	Alternative minimum tax (attach Form 4626)		4
5	Add lines 3 and 4		5
6a	Foreign tax credit (attach Form 1118)	6a	
b	Possessions tax credit (attach Form 5735)	6b	
c	Check: <input type="checkbox"/> Nonconventional source fuel credit <input type="checkbox"/> QEV credit (attach Form 8834)	6c	
d	General business credit. Check box(es) and indicate which forms are attached. <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	6d	
e	Credit for prior year minimum tax (attach Form 8827)	6e	
f	Qualified zone academy bond credit (attach Form 8860)	6f	
7	Total credits. Add lines 6a through 6f		7
8	Subtract line 7 from line 5		8
9	Personal holding company tax (attach Schedule PH (Form 1120))		9
10	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		10
11	Total tax. Add lines 8 through 10. Enter here and on line 31, page 1		11

Schedule K Other Information

(See page 19 of Instructions.)

	Yes	No		Yes	No
1	Check method of accounting: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____				
2	See page 21 of the instructions and enter the: a Business activity code no. 335310 b Business activity MANUFACTURER c Product or service CONTROLLER & V				
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.		X		X
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation _____		X		
5	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned _____		X		
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.		X		
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____				
c	The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached _____				
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				
9	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____				
10	Enter the number of shareholders at the end of the tax year (if 75 or fewer) 11				
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3)(i) or (ii) must be attached or the election will not be valid.				
12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) \$ _____				

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		8,967		2,604
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U. S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets	163,968		163,968	
b	Less accumulated depreciation	57,014	106,954	80,149	83,819
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	1,000		3,000	
b	Less accumulated amortization	800	200	1,000	2,000
14	Other assets (attach schedule)		1,100		1,100
15	Total assets		117,221		89,523
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)		58,565		
19	Loans from shareholders		519,642		117,547
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)		240,000		540,748
22	Capital stock: a Preferred stock				
	b Common stock	2,500	2,500	422,500	422,500
23	Additional paid-in capital				
24	Retained earnings - Appropriated (attach schedule)				
25	Retained earnings - Unappropriated		-703,486		-991,272
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		117,221		89,523

Note: The corporation is not required to complete Schedules M-1 and M-2 if the total assets on line 15, col. (d) of Schedule L are less than \$25,000.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return
☒ Check to complete Sch M1 & M2

1	Net income (loss) per books	-287,786	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$				
6	Add lines 1 through 5	-287,786	9	Add lines 7 and 8	
			10	Income (line 28, page 1) less line 9	-287,786

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-703,486	5	Distributions: a Cash	
2	Net income (loss) per books	-287,786		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	-991,272	8	Balance at end of year (line 4 less line 7)	-991,272

Form 1120 (2001)

TAXABLE YEAR

2001

California Corporation

Franchise or Income Tax Return

(NOT TO BE USED BY WATER'S-EDGE ELECTORS)

FORM

100

For calendar year 2001 or fiscal year beginning month _____ day _____ year 2001, and ending month _____ day _____ year _____	
California corporation number 1793793	Federal employer identification number (FEIN) 95-4609867
Corporation name ULTIMATE MOTROLLER CORPORATION	
Address 373 W. PALMER AVENUE, #A	PMS no.
City GLENDALE	State CA ZIP Code 91311

A Final return? ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized

☐ IRC Section 338 sale ☐ QSub election. Enter date _____

B Is income included in a combined report of a unitary group? ☐ Yes ☒ No

If yes, indicate: ☐ wholly within CA (R&TC 25101.15) ☐ within and outside of CA

C If the corp. filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25111

In previous years, enter the date the water's-edge election ended _____

D Was the corporation's income included in a consolidated federal return? ☐ Yes ☒ No

Questions continued on Side 2

State Adjustments	1 Net income (loss) before state adjustments. See instructions	1	-287,786.
	2 Amount deducted for foreign or domestic tax based on income or profits	2	
	3 Amount deducted for tax under the provisions of the Bank and Corporation Tax Law	3	
	4 Interest on government obligations	4	
	5 Net California capital gain from Schedule D, line 11	5	
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	6	23,335.
	7 Net income of corporations not included in federal consolidated return. See instructions	7	
	8 Other additions. Attach schedule(s)	8	
	9 Total. Add line 1 through line 8	9	-264,451.
	10 Intercompany dividend deduction. Attach Schedule H (100)	10	
11 Other dividend deduction. Attach Schedule H (100)	11		
12 Additional depreciation allowed under CA law. Attach form FTB 3885	12		
13 Capital gain from federal Form 1120 or Form 1120A, line 8	13		
14 Contributions	14		
15 EZ, LAMBRA, or TTA business expense and net interest deduction	15		
16 Other deductions. Attach schedule(s)	16		
17 Total. Add line 10 through line 16	17		
18 Net income (loss) after state adjustments. Subtract line 17 from line 9. See instructions	18	-264,451.	
CA Net Income	19 Net income (loss) for state purposes. Complete Sch. R if apportioning income. See instructions	19	-264,451.
	20 Net operating loss (NOL) carryover deduction. See instructions	20	
	21 Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction. See instructions	21	
	22 Disaster loss carryover deduction. See instructions	22	
23 Net income for tax purposes. Combine line 20 through line 22, then subtract from line 19	23	-264,451.	
Taxes	24 Tax. <u>8.84%</u> x line 23 (not less than minimum franchise tax, if applicable)	24	800.
	25 Enter credit name _____ code no. _____ and amount	25	
	26 Enter credit name _____ code no. _____ and amount	26	
	27 To claim more than two credits, see instructions	27	
	28 Add line 25 through line 27	28	
	29 BALANCE. Subtract line 28 from line 24 (not less than minimum franchise tax, if applicable)	29	800.
	30 Alternative minimum tax. Attach Schedule P (100). See instructions	30	
31 TOTAL TAX. Add line 29 and line 30	31	800.	
Payments	32 Overpayment from prior year allowed as a credit	32	
	33 2001 estimated tax payments. See instructions	33	800.
	34 2001 Nonresident Withholding. See instructions	34	
	35 Amount paid with extension of time to file return	35	
	36 Total payments. Add line 32 through line 35	36	800.
Refund- Direct Deposit of Refund (DDR) or Amount Due	37 TAX DUE. If line 31 is more than line 36, subtract line 36 from line 31. Go to line 41	37	
	38 OVERPAYMENT. If line 36 is more than line 31, subtract line 31 from line 36	38	
	39 Amount of line 38 to be credited to 2002 estimated tax	39	
	40 REFUND. Amount of line 38 to be refunded. Line 38 less line 39. See DDR instructions	40	
	a Fill in the account information to have the refund directly deposited. Routing number	40a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	40c	
	41 a Penalties and interest. b <input type="checkbox"/> Check if estimate penalty computed using Exception B or C. See instructions	41a	
	42 TOTAL AMOUNT DUE. Add line 37 and line 41. Pay with tax return	42	

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Form 100 C1 2001 Side 1

Schedule D California Capital Gains and Losses **ULTIMATE MOTROLLER CORPORATION** **95-4609867**

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					
2	Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				2
3	Unused capital loss carryover from 2000				3
4	Net short-term capital gain (loss). Combine line 1 through line 3				4

Part II Long-Term Capital Gains and Losses - Assets held More Than One Year. Use additional sheet(s) if necessary.

5					
6	Enter gain from Schedule D-1, line 9 and/or any capital gain distributions				6
7	Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				7
8	Net long-term capital gain (loss). Combine line 5 through line 7				8
9	Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)				9
10	Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)				10
11	Total line 9 and line 10. Enter here and on Form 100, Side 1, line 5. NOTE: If losses exceed gains, carry forward losses to 2002				11

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1	LIFO recapture due to S corporation election (IRC Sec. 1363(d) deferral: \$)	1
2	Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	2
3	Interest on tax attributable to installment: a Sales of certain timeshares and residential lots	3a
	b Method for nondealer installment obligations	3b
4	IRC Section 197(f)(9)(B)(ii) election	4
5	Credit recapture name:	5
6	Combine line 1 through line 5, Revise Side 1, line 37 or line 38, whichever applies, by this amount. Write "Schedule J" to the left of line 37 or line 38	6

Questions (continued from Side 1)

E Principal business activity code. (Do not leave blank): 335310

F Business activity: MANUFACTURER

G Product or service: CONTROLLER & MOTROLLER

H Date incorporated: 1/1/1997 Where: State CA Country USA

I Date business began in California or date income was first derived from California sources: 1/1/1997

J First return? ☐ Yes ☒ No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box:
☐ (1) sole prop. ☐ (2) partnership ☐ (3) joint venture ☐ (4) corporation ☐ (5) other
 (attach statement showing names, addresses and FEIN of previous business)

K "Doing business as" name:

L Did this corporation or its subsidiary(ies) have a change in control or ownership, or acquire ownership or control of any other legal entity this year? ☐ Yes ☒ No

M At any time during the taxable year, was more than 50% of the voting stock:
 a Of the corporation owned by any single interest? ☐ Yes ☒ No
 b Of another corporation owned by this corporation? ☐ Yes ☒ No
 c Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interest? ☐ Yes ☒ No
 If a or c is "Yes," enter the country of the ultimate parent:
 If a, b or c is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned. If the owner(s) is an individual, provide the SSN.

N Was 50% or more of the stock of this corporation owned by another corporation during this taxable year? ☐ Yes ☒ No

M Is this corporation reporting income to California under Schedule R? ☐ Yes ☒ No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272?

O Corporation headquarters are: (1) ☒ Within California (2) ☐ Outside of California, within the U.S. (3) ☐ Outside of the U.S.

P Location of principal accounting records: VAN NUYS, CA

Q Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

R Did this corporation or one of its subsidiaries make a federal election to be treated as a foreign sales corporation (FSC) or a domestic international sales corporation (DISC)? ☐ Yes ☒ No

S Is this corporation a RIC for California purposes? ☐ Yes ☒ No

T Is this corporation treated as a REMIC for California purposes? ☐ Yes ☒ No

U Is this corporation a REIT for California purposes? ☐ Yes ☒ No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? ☐ Yes ☒ No

W Is this corporation to be treated as a credit union? ☐ Yes ☒ No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? ☐ Yes ☒ No

Y Have all required information returns (e.g. Federal Forms 1099, 5471, 5472, 8300, 8875, etc.) been filed with the Franchise Tax Board? ☐ N/A ☐ Yes ☐ No

Z During the taxable year, were gross receipts (less returns and allowances) of this corporation more than \$1 million? ☐ Yes ☒ No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Title: PRESIDENT Date: Telephone: (818)548-1106

Preparer's signature: Date: 9/11/2002 Check if self-employed: ☒ Preparer's SSN/PTIN:

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address: ACE BUSINESS SERVICES
14422 VICTORY BLVD., VAN NUYS, CA 91401

FEIN:
 Telephone: (818)994-7365

Schedule A Taxes Deducted. Use additional sheet(s) if necessary. **ULTIMATE MOTROLLER CORPORATION 95-4609867**

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
CORPORATION INCOME TAX	FRANCHISE TAX BOARD	800.	
TOTAL. Enter total of column (c) on Schedule F, line 17, and amounts in column (d) on Side 1, line 2 or line 3		800.	

Schedule F Computation of Net Income. See instructions.

Income	1	a) Gross receipts or gross sales	308,100.	b) Less returns and allowance	Balance	1c	308,100.	
	2	Cost of goods sold. Attach federal Schedule A (California Schedule V)					2	172,897.
	3	Gross profit. Subtract line 2 from line 1c					3	135,203.
	4	Dividends. Attach federal Schedule C (California Schedule H)					4	
	5	a) Interest on obligations of the United States and U.S. instrumentalities				5a		
		b) Other interest. Attach schedule				5b		
	6	Gross rents					6	
	7	Gross royalties					7	
	8	Capital gain net income. Attach federal Schedule D (California Schedule D)					8	
	9	Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)					9	
	10	Other income (loss). Attach schedule					10	
11	TOTAL INCOME. Add line 3 through line 10					11	135,203.	
Deductions	12	Compensation of officers. Attach federal schedule E or equivalent schedule					12	
	13	Salaries and wages (not deducted elsewhere)					13	
	14	Repairs					14	235.
	15	Bad debts					15	
	16	Rents					16	12,825.
	17	Taxes (California Schedule A)					17	800.
	18	Interest. Attach schedule					18	6,160.
	19	Contributions. Attach schedule					19	
	20	Depreciation. Attach federal Form 4562 and FTB 3885					20	23,135.
	21	Less depreciation claimed elsewhere on return					21a	
							21b	23,135.
	22	Depletion. Attach schedule					22	
	23	Advertising					23	
	24	Pension, profit-sharing, etc., plans					24	
	25	Employee benefit plans					25	
	26	a) Total travel and entertainment		b) Deductible amounts		26b		
	27	Other deductions. Attach schedule					27	379,834.
	28	Specific deduction for 23701r or 23701t organizations. See instructions					28	
	29	TOTAL DEDUCTIONS. Add line 12 through line 28					29	422,989.
30	Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1					30	-287,786.	

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	a) Additional IRC Section 263A costs. Attach schedule	4a	
	b) Other costs. Attach schedule	4b	172,897.
5	Total. Add line 1 through line 4b	5	172,897.
6	Inventory at end of year	6	
7	Cost of goods sold. Subtract line 6 from line 5	7	172,897.

Method of inventory valuation ►

Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation ☐ Yes ☒ No

Enter California seller's permit number, if any ►

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☒ No

10001304013

Form 100 C1 2001 Side 3

ULTIMATE MOTROLLER CORPORATION

95-4609867

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		8,967.		2,604.
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach schedule(s)				
6 Loans to stockholders/officers. Attach schedule				
7 Mortgage and real estate loans				
8 Other investments. Attach schedule(s)				
9 a Buildings and other fixed depreciable assets	163,968.		163,968.	
b Less accumulated depreciation	(57,014.)	106,954.	(80,149.)	83,819.
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)	1,000.		3,000.	
b Less accumulated amortization	(800.)	200.	(1,000.)	2,000.
13 Other assets. Attach schedule(s)		1,100.		1,100.
14 Total assets.		117,221.		89,523.
Liabilities and stockholders' equity				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule(s)		58,565.		
18 Loans from stockholders		519,642.		117,547.
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule(s)		240,000.		540,748.
21 Capital stock: a Preferred stock				
b Common stock	2,500.	2,500.	422,500.	422,500.
22 Paid-in or capital surplus. Attach reconciliation				
23 Retained earnings - Appropriated. Attach schedule				
24 Retained earnings - Unappropriated		-703,486.		-991,272.
25 Adjustments to shareholders' equity (attach schedule)				
26 Less cost of treasury stock				
27 Total liabilities and stockholders' equity.		117,221.		89,523.

Schedule M-1 Reconciliation of income (loss) per books with income (loss) per return.

This schedule does not have to be completed if the amount on Schedule L, line 14, column (d), is less than \$25,000.

1 Net income per books	-287,786.	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax		a Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Taxable income not recorded on books this year (itemize)		8 Deductions in this return not charged against book income this year (itemize)	
5 Expenses recorded on books this year not deducted in this return (itemize)		a Depreciation \$	
a Depreciation \$		b State tax refunds \$	
b State taxes \$			
c Travel and entertainment \$		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	-287,786.	10 Net income per return. Subtract line 9 from line 6	-287,786.

Schedule M-2 Analysis of unappropriated retained earnings per books

(Schedule L, line 24)

This schedule does not have to be completed if the amount on Schedule L, line 14, column (d), is less than \$25,000.

1 Balance at beginning of year	-703,486.	5 Distributions: a Cash	
2 Net income per books	-287,786.	b Stock	
3 Other increases (itemize)		c Property	
4 Total. Add line 1 through line 3	-991,272.	6 Other decreases (itemize):	
		7 Total. Add line 5 and line 6	
		8 Balance at end of year. Subtract line 7 from line 4	-991,272.

Form

4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2001Attachment Seq. No.
67

(Rev. March 2002)

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return

ULTIMATE MOTROLLER CORPORATION

Business or activity to which this form relates

MANUFACTURER

Identifying number

95-4609867

Part I Election To Expense Certain Tangible Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the Instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions).	2	1,000
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	24,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation** (Do not include listed property.)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	22,404
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See page 6 of the instructions.)

21	Listed property. Enter amount from line 28	21	731
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	23,135
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

(HTA)

Form 4562 (2001) (Rev. 3-2002)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24e, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions)								25	
26 Property used more than 50% in a qualified business use (see page 7 of the instructions):									
SEE ATTACHED SCH									
								731	
27 Property used 50% or less in a qualified business use (see page 7 of the instructions):									
								SA-	
								SA-	
								SA-	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28 731	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year (see pg. 9 of the instructions):					
43 Amortization of costs that began before your 2001 tax year					43 200
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44 200

Depreciation Report For 4562

ULTIMATE MOTROLLER CORPORATION

95-4809867

Tax Year: 12/31/01

Item No.	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus. Use %	Less Sec. 179 Deduction	Less 30% Special Allowance	Recovery Amount	Recovery Period (years)	Method	Convention Code	Prior Accum. Deprec.	2001 Current Deprec.	2001 Accum. Deprec.
MACRS deductions for prior years (Line 17)														
10	OFFICE EQUIPMENT	1/2/1997	2,300	B	100%			2,300	7	100%		1,151	329	1,480
8	EQUIPMENT	4/9/1997	4,312	D	100%			4,312	7	100%		2,156	616	2,772
1	OFFICE EQUIPMENTS	10/21/1999	12,650	B	100%			12,650	7	100%		2,711	1,807	4,518
7	EQUIPMENT	8/20/1998	24,562	D	100%			24,562	7	100%		8,772	3,509	12,281
5	EQUIPMENT	11/5/1998	28,000	D	100%			28,000	7	100%		10,000	4,000	14,000
6	EQUIPMENT	9/2/1998	31,000	D	100%			31,000	7	100%		11,072	4,429	15,501
4	EQUIPMENT	11/25/1998	54,000	D	100%			54,000	7	100%		19,465	7,714	27,179
			156,824					156,824				55,327	22,404	77,731
Listed property with more than 50% business use (Line 26)														
2	COMPUTER	5/1/2001	1,000	L	100%			1,000	5	100%			100	100
3	COMPUTER	7/30/1999	1,307	L	100%			1,307	5	100%		392	281	653
9	COMPUTER	1/5/1997	1,850	L	100%			1,850	5	100%		1,295	370	1,665
			4,157					4,157				1,687	731	2,418
Amortization before current tax year (Line 43)														
11	ORGANIZATION COST	12/20/1996	1,000	Z	100%			1,000	5	100%		800	200	1,000
			1,000					1,000				800	200	1,000
	Totals:		161,981					161,981				57,814	23,335	81,149

2001

3885

Corporation Depreciation and Amortization

Corporation name

ULTIMATE MOTROLLER CORPORATION

California corporation number

1793793

Part I Depreciation

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring depreciation	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
1							
2 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 1, column (h)						2	
3 Total. Add the amounts on line 2, column (g) and column (h)						3	
4 Total depreciation claimed for federal purposes from federal Form 4562, line 22						4	23,135
5 Depreciation adjustment. If line 4 is greater than line 3, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 4 is less than line 3, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)						5	23,135

Part II Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year
1						
2	Total. Add the amounts in column (g)					2
3	Total amortization claimed for federal purposes from federal Form 4562, line 44					3 200
4	Amortization adjustment. If line 3 is greater than line 2, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 3 is less than line 2, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					4 200

General Information

In general, California law conforms to the Internal Revenue Code (IRC) as of January 1, 1998. However, there are continuing differences between California and federal law. California has not conformed to most of the changes made to the IRC by the federal Internal Revenue Service Restructuring and Reform Act of 1998 (Public Law 105-206) and the Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106-170). California has not conformed to any of the changes made by the Tax and Trade Relief Extension Act of 1998 (Public Law 105-277), the Miscellaneous Trade and Technical Corrections Act of 1999 (Public Law 106-38), the FSC Repeat and Extraterritorial Income Exclusion Act of 2000 (Public Law 106-518), the Consolidated Appropriations Act of 2001 (Public Law 106-554), and the Economic Growth and Tax Relief Reconciliation Act of 2001 (Public Law 107-18). For any taxable year beginning on or after January 1, 2000, California law does not conform

to federal law regarding the temporary suspension of income limitations on percentage depletion for production from marginal wells. The percentage depletion deduction may not exceed 65% of the taxpayer's taxable income and cannot exceed 100% of the net income derived from the oil or gas well property.

A Purpose

Use this form to figure California depreciation and amortization for corporations, and for partnerships and limited liability companies (LLCs) classified as corporations. S corporations must use Schedule B (100S). Individuals must use form FTB 3885A, Depreciation and Amortization - Individuals. Fiduciaries and exempt trusts must use form FTB 3885F, Depreciation and Amortization - Fiduciaries. Partnerships must use form FTB 3885P, Depreciation and Amortization - Partnerships. LLCs classified as partnerships must

use form FTB 3885L, Depreciation and Amortization
- Limited Liability Companies.

Depreciation and amortization are deductions corporations claim for reasonable exhaustion, wear and tear, and normal obsolescence of property used in a trade or business or held for the production of income.

For purposes of this form, depreciation is used in connection with tangible property, while amortization is used for intangible assets.

NOTE: For amortizing the cost of certified pollution control facilities, use form FTB 3580, Application to Amortize Certified Pollution Control Facility.

Important differences between federal and California laws affect the calculation of depreciation and amortization. Some of the major differences are briefly described, as follows:

- California law allows additional first-year depreciation under Revenue and Taxation Code

388501104013

FTB 3885 2001

Line 26 (Form 1120) - Other Deductions

1 From Form 4562 - Amortization	1	200
2 Travel, Meals and Entertainment		
a Travel	2a	2,538
3 Auto	3	1,975
4 Bank charges	4	6,538
5 Consultation expenses	5	2,000
6 Delivery	6	3,417
7 Equipment rent	7	264,317
8 Insurance	8	589
9 Miscellaneous	9	505
10 Office supplies and expense	10	1,210
11 Professional fees	11	11,805
12 Security	12	335
13 Telephone	13	3,311
14 Utilities	14	1,094
15 1099-MISC	15	80,000
16 Total other deductions	16	379,834

Line 5, Sch A (Form 1120) - Other Costs for Cost of Goods Sold

1 Travel, Meals and Entertainment		
a Travel	1a	
b Total meals and entertainment	1b	
c 50% of line b	1c	
d Subtract line c from line b	1d	
2 Depreciation	2	
3 Officer's compensation	3	
4 PARTS	4	15,870
5 OUTSIDE ORDER	5	157,027
6	6	
7	7	
8	8	
9	9	
10	10	
11	11	
12	12	
13	13	
14	14	
15 Total other costs	15	172,897

Line 14, Sch L (Form 1120) - Other Assets

		Beginning	End
1 SECURITY DEPOSIT FOR RENT	1	700	700
2 SECURITY DEPOSIT FOR DWP	2	400	400
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets		1,100	1,100

Line 18, Sch L (Form 1120) - Other Current Liabilities

		Beginning	End
1 SHORT-TERM BORROWINGS	1	58,565	
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other current liabilities		58,565	

Line 21, Sch L (Form 1120) - Other Liabilities

		Beginning	End
1 LINE OF CREDIT	1	100,000	88,000
2 LONG-TERM BORROWINGS	2	140,000	452,748
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other liabilities		240,000	540,748

Employer's Quarterly Federal Tax Return

See separate instructions revised January 2002 for information on completing this return.

PF 95-4609867

Please type or print.

Enter state code for state in which deposits were made only if different from state in address to the right (see page 2 of instructions).

****AUTO**5-DIGIT 91311

MAR2002 529 CT
ULTIMATE MOTOROLLER CORPORATION 11277
21352 NORDHOFF ST STE 108
CHATSWORTH CA 91311-6908
AAAAAAAAAAAAAAAAAAAAAAAAAAAA

OMB No. 1545-0029

T
FF
FD
FP
I
T

If address is different from prior return, check here

1	1	1	1	1	1	1	1	1	1	1	2	3	3	0	3	3	3	3	4	4	4	5	5	5
8	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	10	10	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here ☒ and enter date final wages paid 7/29/02
If you are a seasonal employer, see Seasonal employers on page 1 of the instructions and check here

1	Number of employees in the pay period that includes March 12th	1	0
2	Total wages and tips, plus other compensation	2	0
3	Total income tax withheld from wages, tips, and sick pay	3	
4	Adjustment of withheld income tax for preceding quarters of calendar year	4	
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions)	5	
6	Taxable social security wages	6a	
	Taxable social security tips	6c	
7	Taxable Medicare wages and tips	7a	
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax	8	
9	Adjustment of social security and Medicare taxes (see instructions for required explanation)	9	
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	10	
11	Total taxes (add lines 5 and 10)	11	
12	Advance earned income credit (EIC) payments made to employees	12	
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	
15	Balance due (subtract line 14 from line 13). See instructions	15	0

16 Overpayment. If line 14 is more than line 13, enter excess here \$
and check if to be: ☐ Applied to next return or ☐ Refunded.
• All filers: If line 13 is less than \$2,500, you need not complete line 17 or Schedule B (Form 941).
• Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here ☐
• Monthly schedule depositors: Complete line 17, columns (a) through (d), and check here ☒

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see separate instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Signature	Print Your Name and Title	Date

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2003
FILER'S name ULTIMATE MOTROLLER CORPORATION		
Street address (including room or suite number) 4301 E. VALLEY BLVD. #C-4		
City, state, and ZIP code LOS ANGELES CA 90032		
Name of person to contact KI B. PARK		Telephone number (323) 224-0010
E-mail address		Fax number ()
For Official Use Only <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
1 Employer identification number 95-4609867	2 Social security number	3 Total number of forms 2
4 Federal income tax withheld \$ 0.00		5 Total amount reported with this Form 1096 \$ 29300.00
Enter an "X" in only one box below to indicate the type of form being filed. If this is your final return, enter an "X" here.		
W-2G 32 <input type="checkbox"/>	1099- 81 <input type="checkbox"/>	1099-E 84 <input type="checkbox"/>
1099-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>
1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 81 <input type="checkbox"/>
1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>
1099-LTC 93 <input type="checkbox"/>	1099-MISC 95 <input checked="" type="checkbox"/>	
1099-MSA 94 <input type="checkbox"/>	1099-OLD 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>
1099-Q 31 <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 78 <input type="checkbox"/>
5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-MSA 27 <input type="checkbox"/>

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Dr. K. B. Park

Title

PRESIDENT

Date 2/1/04

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmission of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498 and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an Archer MSA (including a Medicare+Choice MSA); certain corporations; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by March 1, 2004. File Form 1096 with Forms 5498, 5498-ESA, and 5498-MSA by May 31, 2004.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following Internal Revenue Service Center address

Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia

Austin, TX 73301

Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia

Cincinnati, OH 45999

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin

Kansas City, MO 64999

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G.

77-0564162

Form 1096 (2003)

9595

☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115		Miscellaneous Income
ULTIMATE MOTROLLER CORPORATION		\$	2003		
4301 E. VALLEY BLVD. #C-4 LOS ANGELES CA 90032 (323) 224-0010		\$	Form 1099-MISC		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Other income	4 Federal income tax withheld	Copy A For Internal Revenue Service Center File with Form 1096.	
95-4609867	184-46-6823	\$	\$		
RECIPIENT'S name		5 Fishing boat proceeds	6 Medical and health care payments	For Privacy Act and Paperwork Reduction Act Notice, see the 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
JAE Y. LIM		\$	\$		
Street address (including apt. no.)		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
1134 SEVILLE PL.		\$ 7500.00	\$		
City, state, and ZIP code		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds		
FULLERTON CA 92833		\$	\$		
Account number (optional)	2nd TIN not <input type="checkbox"/>	11	12		
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15		16 State tax withheld	17 State/Payer's state no.	18 State income	
		\$	\$	\$	

Form 1099-MISC

77-0564162

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

9595

☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115		Miscellaneous Income
ULTIMATE MOTROLLER CORPORATION		\$	2003		
4301 E. VALLEY BLVD. #C-4 LOS ANGELES CA 90032 (323) 224-0010		\$	Form 1099-MISC		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Other income	4 Federal income tax withheld	Copy A For Internal Revenue Service Center File with Form 1096.	
95-4609867	610-30-2576	\$	\$		
RECIPIENT'S name		5 Fishing boat proceeds	6 Medical and health care payments	For Privacy Act and Paperwork Reduction Act Notice, see the 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
KI B. PARK		\$	\$		
Street address (including apt. no.)		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
23244 VANOWEN ST.		\$ 21800.00	\$		
City, state, and ZIP code		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds		
WEST HILLS CA 91307		\$	\$		
Account number (optional)	2nd TIN not <input type="checkbox"/>	11	12		
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15		16 State tax withheld	17 State/Payer's state no.	18 State income	
		\$	\$	\$	

Form 1099-MISC

77-0564162

Department of the Treasury - Internal Revenue Service

EXHIBIT I



Secretary of State

Administration

Elections

Business Programs

Political Reform

Archives

Registries

Business Entities (BE)**Online Services**

- Business Search
- Disclosure Search
- E-File Statements
- Processing Times

Main Page**Service Options****Name Availability****Forms, Samples & Fees****Annual/Biennial Statements****Filing Tips****Information Requests**
(certificates, copies & status reports)**Service of Process****FAQs****Contact Information****Resources**

- Business Resources
- Tax Information
- Starting A Business
- International Business Relations Program

Customer Alert
(misleading business solicitations)**Business Entity Detail**

Data is updated weekly and is current as of Friday, August 25, 2011. It is not a complete or certified record of the entity.

Entity Name:	ULTIMATE MOTROLLER CORPORATION
Entity Number:	C1793793
Date Filed:	11/13/1996
Status:	SUSPENDED
Jurisdiction:	CALIFORNIA
Entity Address:	2975 WILSHIRE BLVD STE 416
Entity City, State, Zip:	LOS ANGELES CA 90010
Agent for Service of Process:	SANG MAN HAN
Agent Address:	2975 WILSHIRE BLVD STE 416
Agent City, State, Zip:	LOS ANGELES CA 90010

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code section 2114 for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to Name Availability.
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to Information Requests.
- For help with searching an entity name, refer to Search Tips.
- For descriptions of the various fields and status types, refer to Field Descriptions and Status Definitions.

[Modify Search](#) [New Search](#) [Printer Friendly](#) [Back to Search Results](#)

[Privacy Statement](#) | [Free Document Readers](#)

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ULTIMATE MOTROLLER CORPORATION

FILE NUMBER: C1793793
FORMATION DATE: 11/13/1996
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: SUSPENDED

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the California Franchise Tax Board suspended the entity's powers, rights and privileges on August 02, 2004, pursuant to the provisions of the California Revenue and Taxation Code, and the entity's powers, rights and privileges remain suspended.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of November 08, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State



I hereby certify that the foregoing
transcript of _____ page(s),
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

NOV - 8 2010

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State



State of California

85

Kevin Shelley

Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

03-338643

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME: (Please do not alter if name is preprinted.)

C 1793793

Ultimate Motroller Corporation

2975 Wilshire Blvd, # 416

Los Angeles, CA 90010

FILED

In the office of the Secretary of State
of the State of California

AUG 25 2003

Kevin Shelley, Secretary of State

EC

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code Section 1502)

This Space For Filing Use Only

2. ☐ CHECK HERE IF THE CORPORATION IS PUBLICLY TRADED. IF PUBLICLY TRADED, COMPLETE THIS STATEMENT OF INFORMATION AND THE CORPORATE DISCLOSURE STATEMENT (FORM SI-PTSUPP), SEE ITEM 2 OF INSTRUCTIONS.

NO CHANGE STATEMENT

3. ☐ IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT OF INFORMATION FILED WITH THE SECRETARY OF STATE, INCLUDING ANY INFORMATION CONTAINED IN FORM SI-PTSUPP, CHECK THE BOX AND PROCEED TO ITEM 17. IF THERE HAVE BEEN ANY CHANGES TO THE INFORMATION CONTAINED IN EITHER FORM, BOTH FORMS MUST BE COMPLETED IN THEIR ENTIRETY.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be filed separately.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
2975 Wilshire Blvd, #416 CITY AND STATE CA ZIP CODE 90010

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY
Same as above CITY STATE CA ZIP CODE 90010

6. MAILING ADDRESS
Same as above CITY AND STATE CA ZIP CODE 90010

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A fourth officer may be added; however, please do not alter the preprinted title on this statement.)

7. CHIEF EXECUTIVE OFFICER
Kibong Park 2975 Wilshire Blvd, #416 CITY AND STATE Los Angeles, CA ZIP CODE 90010

8. SECRETARY
Kibong Park Same as above CITY AND STATE CA ZIP CODE 90010

9. CHIEF FINANCIAL OFFICER
Kibong Park Same as above CITY AND STATE CA ZIP CODE 90010

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME Sang Man Han 2975 Wilshire Blvd, #416 CITY AND STATE Los Angeles CA ZIP CODE 90010

11. NAME Yang Hwan Kei 2975 Wilshire Blvd, #416 CITY AND STATE Los Angeles CA ZIP CODE 90010

12. NAME Kibong Park 2975 Wilshire Blvd, #416 CITY AND STATE Los Angeles CA ZIP CODE 90010

13. NAME Kibong Park 2975 Wilshire Blvd, #416 CITY AND STATE Los Angeles CA ZIP CODE 90010

14. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS (If an individual, the person named as agent must be a resident of California.)
☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.
☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME Sang Man Han

15. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL
2975 Wilshire Blvd, #416 CITY Los Angeles STATE CA ZIP CODE 90010

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Manufacturer

17. THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT ☒ YES

Kibong Park Paul Kwan Bong CEO 5/14/03
TYPE OR PRINT NAME OF OFFICER OR AGENT SIGNATURE TITLE DATE

008-0 00/20d 001-1

11001 57 TT BT, -80-11

EXHIBIT J

Ultimate Motroller Corporation

< Loans as of 11/18/2002 >

Line of Credit

United California bank	\$ 36,000
Union Bank of California	\$ 50,000
MENA	\$ 50,000

Long Term

Mr. Sang Han	\$ 60,000
Mr. In Choi	\$ 42,500
Mr. Enrique Vella	\$ 90,000
Mr. Dow	\$ 15,000
Mr. Lim	\$ 67,200

Project Base

Mr. Ki Nam	\$ 80,000	EEV Project Advance
Mr. Na	\$100,000	NEV Project
Pragmatic Resources	\$100,000	NEV Project
Mr. Benjamin Kwon	\$100,000	

Leases \$160,350

CEFO Purchase of Patent \$ 89,000

Total \$1,840,050

EXHIBIT K

02-042383-CK

STATE OF MICHIGAN

JUDICIAL DISTRICT
6th JUDICIAL CIRCUIT
COUNTY PROBATE

SUMMONS AND COMPLAINT
SECOND



JUDGE DEBORAH G. TYNER
LEAVE ACCEPT VS ULTIMATE MOT.
CASE NO.

Court address

1200 N. Telegraph Road, Pontiac, MI 48341

(248) 858-1000

Plaintiff name(s), address(es), and telephone no(s).
**Lease Acceptance Corporation, a division
of Federated Capital Corporation**

c/o Plaintiff's Attorney

Plaintiff attorney, bar no., address, and telephone no.
**Lawrence G. Reinhold (P43594)
30955 Northwestern Hwy.
Farmington Hills, MI 48334
(248) 737-1300 ext. 440**

Defendant name(s), address(es), and telephone no(s).
Ultimate Motroller Corp.

~~7400 Hollywood Ave.
Los Angeles, CA 90046~~

~~7400 Hollywood Ave.
Los Angeles, CA 90046~~

1601 Via Napoli
Montebello, CA
90640

1601 Via Napoli
Montebello, CA
90640

SUMMONS NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons to file an answer with the court and serve a copy on the other party or to take other lawful action (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.

Issued 10-15-02 This summons expires 11-15-02 Court clerk E. WILLIAM CADELL

*This summons is invalid unless served on or before its expiration date.

COMPLAINT Instruction: The following is information that is required to be in the caption of every complaint and is to be completed by the plaintiff. Actual allegations and the claim for relief must be stated on additional complaint pages and attached to this form.

Family Division Cases

☐ There is no other pending or resolved action within the jurisdiction of the family division of circuit court involving the family or family members of the parties.

☐ An action within the jurisdiction of the family division of the circuit court involving the family or family members of the parties has been previously filed in _____ Court.

The action ☐ remains ☐ is no longer pending. The docket number and the judge assigned to the action are:

Docket no. _____ Judge _____ Bar no. _____

General Civil Cases

☒ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint/

☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in _____ Court.

The action ☐ remains ☐ is no longer pending. The docket number and the judge assigned to the action are:

Docket no. _____ Judge _____ Bar no. _____

VENUE

Plaintiff(s) residence (include city, township, or village)

Farmington Hills, MI

Defendant(s) residence (include city, township, or village)

Los Angeles, CA

Place where action arose or business conducted

Farmington Hills, MI

10/14/02

Date

Signature of attorney/plaintiff **Lawrence G. Reinhold (P43594)**

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you to fully participate in court proceedings, please contact the court immediately to make arrangements.

MC 01 (3/02) **SUMMONS AND COMPLAINT**

MCR 2.102(B)(1), MCR 2.104, MCR 2.105, MCR 2.107, MCR 2.113(C)(2)(a), (b), MCR 3.208(A)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		FOR RECORDER'S USE ONLY	
Alan W. Forsley SBN 180958 HENRICH LAW FIRM, P.C. 835 Wilshire Boulevard, Suite 300 Los Angeles, California 90017		(213) 239-6519	
<input checked="" type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD			
NAME OF COURT: Los Angeles Superior Court STREET ADDRESS: 600 E. Broadway MAILING ADDRESS: 600 E. Broadway CITY AND ZIP CODE: Glendale, CA 91206 BRANCH NAME: North Central District			
PLAINTIFF: General Electric Capital Business Asset Funding Corporation DEFENDANT: Ultimate Motroller Corporation; Sang Man Han, an individual			
WRIT OF <input checked="" type="checkbox"/> EXECUTION (Money Judgment) <input type="checkbox"/> POSSESSION OF <input type="checkbox"/> Personal Property <input type="checkbox"/> Real Property <input type="checkbox"/> SALE		CASE NUMBER: 02C02568	
		FOR COURT USE ONLY	
1. To the Sheriff or any Marshal or Constable of the County of: Los Angeles You are directed to enforce the judgment described below with daily interest and your costs as provided by law.			
2. To any registered process server: You are authorized to serve this writ only in accord with CCP 699.080 or CCP 715.040.			
3. (Name): General Electric Capital Business Asset Funding Corporation is the <input checked="" type="checkbox"/> judgment creditor <input type="checkbox"/> assignee of record whose address is shown on this form above the court's name.			
4. Judgment debtor (name and last known address): Ultimate Motroller Corporation a California corporation 373 West Palmer St., Unit A Glendale, CA 91204			
<input checked="" type="checkbox"/> additional judgment debtors on reverse			
5. Judgment entered on (date): November 22, 2002			
6. <input type="checkbox"/> Judgment renewed on (dates):			
7. Notice of sale under this writ a. <input checked="" type="checkbox"/> has not been requested. b. <input type="checkbox"/> has been requested (see reverse).			
8. <input checked="" type="checkbox"/> Joint debtor information on reverse.			
		9. <input type="checkbox"/> See reverse for information on real or personal property to be delivered under a writ of possession or sold under a writ of sale.	
		10. <input type="checkbox"/> This writ is issued on a sister-state judgment.	
		11. Total judgment \$ 24,199.38	
		12. Costs after judgment (per filed order or memo CCP 685.090) \$ 0.00	
		13. Subtotal (add 11 and 12) \$ 24,199.38	
		14. Credits \$ 0.00	
		15. Subtotal (subtract 14 from 13) \$ 24,199.38	
		16. Interest after judgment (per filed affidavit CCP 685.050) \$ 0.00	
		17. Fee for issuance of writ \$ 7.00	
		18. Total (add 15, 16, and 17) \$ 24,206.38	
		19. Levying officer:	
		(a) Add daily interest from date of writ (at the legal rate on 15) of \$ 0.00	
		(b) Pay directly to court costs included in 11 and 17 (GC 6103.5, 68511.3; CCP 699.520(f)) \$ 0.00	
		20. <input type="checkbox"/> The amounts called for in items 11-19 are different for each debtor. These amounts are stated for each debtor on Attachment 20.	
Issued on (date) DEC 18 2002		JOHN A. CLARKE Clerk, by M. Keeling-Hill, Deputy Clerk	
— NOTICE TO PERSON SERVED — SEE REVERSE FOR IMPORTANT INFORMATION —			

WILD WEST RECOVERY

Phone: (714) 636-5251
Fax: (714) 636-2006
State License: RA 1236

P.O. Box 1151
Garden Grove CA 92842

ORDER TO REPOSSESS - #0301042-1 - 01/09/03

REGISTERED OWNER:

EMPLOYMENT:

ULTIMATE MOTROLLER CORP,
21352 NORDOFF ST
CHATSWORTH, CA 91311,
(818) 548-1106
SS#: - -

COLLATERAL: 00 SHARP 7900 COLOR COPY PRINTER
COMPUTER NETWORK SYS /

KEYS:

BALANCE: 0.00 PAYMENT AMOUNT: 0.00 TOTAL PAYMENTS DUE: 0.00
LAST PAID: NEXT DUE:

DELIVER TO:,

INSTRUCTIONS/INFO > Contact & Collect Current ONLY
THIS IS FOR CONTACT AND COLLECT ONLY, PAST DUE BALANCE TO COLLECT IS
\$5826.78 IN CERTIFIED FUNDS. DAVID CHOI PG NUMBER IS 818-548-1107
JAY LIMO PG IS 213-738-9721. HOME ADD 1601 VIA NAIPOLI, MONTEBELLO

CLIENT: ASSET CONTROL CORPORATION Phone: (888) 227-0444
40 WESTMINSTER ST 4TH FLOOR Ext:
PROVIDENCE RI 02903 Acct. #: 011849-20-01

This is your authorization to act as our agents to collect or repossess, on sight, the above listed collateral which is covered by a defaulted contract. We agree to indemnify and save WILD WEST RECOVERY and agents or employees of WILD WEST RECOVERY harmless from and against any and all claims, including court costs, reasonable attorney fees and other expenses of litigation, except unauthorized acts of your firm.

Authorized By: TARA WILLIS, ASSET CONTROL CORPORATION

DATE REPO'D: ____/____/____ TIME: ____:____ AM/PM TIME PHONED: ____:____ AM/PM LAW ENFORCEMENT AGENCY: ____
PHONE: ____ CASE NUMBER: ____ OFFICER'S NAME & BADGE: ____ COLOR: ____
TAGS: ____/____ \$DOORS: ____ CTL: ____ COND: ____ MILEAGE: ____ IGN: PICKED ____ PULLED ____ KEYS ____
(Fld: WWS9 /Acc: FAX /Ent: WWS3)



United States Patent and Trademark Office

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Assignments on the Web > Patent Query

Patent Assignment Abstract of Title

**NOTE: Results display only for issued patents and published applications.
For pending or abandoned applications please consult USPTO staff.**

Total Assignments: 3

Patent #: 6359401

Issue Dt: 03/19/2002

Application #: 09690613

Filing Dt: 10/16/2000

Inventors: Neil Garcia-Sindair, Ki Bong Park

Title: Multi-phase bipolar brushless D.C. motor

Assignment: 1

Reel/Frame: 011239/0599

Recorded: 10/16/2000

Pages: 5

Conveyance: ASSIGNMENT OF ASSIGNORS INTEREST (SEE DOCUMENT FOR DETAILS).

Assignors: GARCIA-SINCLAIR, NEIL

Exec Dt: 10/11/2000

PARK, KI BONG

Exec Dt: 10/11/2000

Assignee: ULTIMATE MOTROLLER CORPORATION

#108

21352 NORDHOFF STREET

CHATSWORTH, CALIFORNIA 91311

Correspondent: KELLY BAUERSFELD ET AL

SCOTT W. KELLEY

6320 CANOGA AVENUE

SUITE 1650

WOODLAND HILLS, CALIFORNIA 91367

Assignment: 2

Reel/Frame: 013735/0942

Recorded: 02/06/2003

Pages: 3

Conveyance: SECURITY AGREEMENT

Assignor: ULTIMATE MOTROLLER CORPORATION

Assignee: ERNEST E. DOW

3435 WILSHIRE BLVD. #1700

LOS ANGELES, CALIFORNIA 90010

Correspondent: ERNEST E. DOW

3435 WILSHIRE BLVD., #1700

LOS ANGELES, CA 90010

Exec Dt: 07/22/2002

Assignment: 3

Reel/Frame: 025364/0377

Recorded: 11/15/2010

Pages: 3

Conveyance: ASSIGNMENT OF ASSIGNORS INTEREST (SEE DOCUMENT FOR DETAILS).

Assignor: ULTIMATE MOTROLLER CORPORATION

Exec Dt: 11/10/2010

Assignee: CYCLONATIX, INC.

4301 E. VALLEY BLVD.

LOS ANGELES, CALIFORNIA 90032

Correspondent: JOHN K. PARK

3255 WILSHIRE BLVD., SUITE 1110

LOS ANGELES, CA 90010

If you have any comments or questions concerning the data displayed, contact PRD / Assignments at 571-272-3350, v.2.2
Web Interface last modified: July 25, 2011 v.2.2

Search Results as of: 09/07/2011 01:39 PM

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<http://assignments.uspto.gov/assignments/q?db=pat&qt=pat&reel=&frame=&pat=6359401...>

9/7/2011

PAGE 31/36 * RCVD AT 9/7/2011 7:16:28 PM [Eastern Daylight Time] * SVR:W-PTOFAX-001/6 * DNIS:2738300 * CSID: * DURATION (mm:ss):07-10

ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
SUSAN KAY BREEN, ESQ. (156509) HEMAR, ROUSSO & HEALD, LLP 15910 VENTURA BLVD., 12TH FLOOR ENCINO, CA 91436 TELEPHONE NO.: (818) 501-3800 FAX NO.: (818) 501-2985		
ATTORNEY FOR (Name): UNION BANK OF CALIFORNIA Insert name of court and name of judicial district and branch court, if any: SUPERIOR COURT OF THE STATE OF CALIFORNIA LOS ANGELES, CA 90012		
PLAINTIFF: UNION BANK OF CALIFORNIA, N.A. DEFENDANT: ULTIMATE MOTROLLER CORPORATION, a California corporation, aka ULTIMATE MOTROLLER CORP.:		
REQUEST FOR <input checked="" type="checkbox"/> ENTRY OF DEFAULT <input type="checkbox"/> CLERK'S JUDGMENT (Application) <input type="checkbox"/> COURT JUDGMENT		CASE NUMBER: BC290359

1. TO THE CLERK: On the complaint or cross-complaint filed

a. on (date): 2/13/03

b. by (name): UNION BANK OF CALIFORNIA, N.A.,

c. ☒ Enter default of defendant (names): ULTIMATE MOTROLLER CORPORATION, a California corporation, aka ~~ULTIMATE~~ MOTROLLER CORP.d. ☐ I request a court judgment under Code of Civil Procedure sections 585(b), (c), 989, etc. (Testimony required. Apply to the clerk for a hearing date, unless the court will enter a judgment on an affidavit under Code of Civil Procedure section 585(d).)e. ☐ Enter clerk's judgment(1) ☐ for restitution of the premises only and issue a writ of execution on the judgment. Code of Civil Procedure section 1174(c) does not apply. (Code Civ. Proc. § 1169.)☐ Include in the judgment all tenants, subtenants, named claimants, and other occupants of the premises. The Prejudgment Claim of Right to Possession was served in compliance with Code of Civil Procedure section 415.46.(2) ☐ under Code of Civil Procedure section 585(a). (Complete the declaration under Code Civ. Proc., § 585.5 on the reverse (item 5).)(3) ☐ for default previously entered on (date):

2. Judgment to be entered

	Amount	Credits acknowledged	Balance
a. Demand of complaint	\$ FOR DEFAULT	\$ PURPOSES ONLY	\$
b. Statement of damages*			
(1) Special	\$	\$	\$
(2) General	\$	\$	\$
c. Interest	\$	\$	\$
d. Costs (see reverse)	\$	\$	\$
e. Attorney fees	\$	\$	\$
f. TOTALS	\$	\$	\$

g. Daily damages were demanded in complaint at the rate of: \$ 0.00 per day beginning (date):
(*Personal injury or wrongful death actions only in non-limited civil cases; Code Civ. Proc., § 425.11)3. ☐ (Check if filed in an unlawful detainer case) LEGAL DOCUMENT ASSISTANT OR UNLAWFUL DETAINER ASSISTANT
Information is on the reverse (complete item 4).

Date: May 20, 2003

SUSAN KAY BREEN, ESQ.

(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

FOR COURT USE ONLY	(1) <input type="checkbox"/> Default entered as requested on (date):
	(2) <input type="checkbox"/> Default NOT entered as requested (state reason):

Clerk, by: _____, Deputy

JUD-100

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) MARTINA A. RIDER/SBN: 174795 MARTINA A. RIDER HEMAR, ROUSSO & HEALD, LLP 15910 Ventura Boulevard, 12th Floor Encino, CA 91436 TELEPHONE NO (818) 501-3800 FAX NO (Optional) E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)		FOR COURT USE ONLY FILED LOS ANGELES SUPERIOR COURT JUL 22 2003 JOHN A. CLARKE, CLERK BY D. HANO, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: CENTRAL DISTRICT		
PLAINTIFF: IMPERIAL BUSINESS CREDIT, INC., a corporation DEFENDANT: ULTIMATE MORTROLLER CORPORATION aka ULTIMATE MORTROLLER C		
JUDGMENT By Clerk <input checked="" type="checkbox"/> By Default <input type="checkbox"/> After Court Trial <input type="checkbox"/> X By Court <input type="checkbox"/> On Stipulation <input type="checkbox"/> Defendant Did Not Appear at Trial <input type="checkbox"/>		CASE NUMBER: BC292689 ① signature ② CEO ③ Payment Arrange

1. ☒ BY DEFAULT
- a. Defendant was properly served with a copy of the summons and complaint.
- b. Defendant failed to answer the complaint or appear and defend the action within the time allowed by law.
- c. Defendant's default was entered by the clerk upon plaintiff's application.
- d. ☐ Clerk's Judgment (Code Civ. Proc., § 585(a)). Defendant was sued only on a contract or judgment of a court of this state for the recovery of money.
- e. ☒ Court Judgment (Code Civ. Proc., § 585(b)). The court considered
- (1) ☐ plaintiff's testimony and other evidence.
- (2) ☒ plaintiff's written declaration (Code Civ. Proc., § 585(d)).
2. ☐ ON STIPULATION
- a. Plaintiff and defendant agreed (stipulated) that a judgment be entered in this case. The court approved the stipulated judgment and
- b. ☐ the signed written stipulation was filed in the case.
- c. ☐ the stipulation was stated in open court ☐ the stipulation was stated on the record.
3. ☐ AFTER COURT TRIAL. The jury was waived. The court considered the evidence.
- a. The case was tried on (date and time) before (name of judicial officer).
- b. Appearances by:
- | | |
|---|--|
| <input type="checkbox"/> Plaintiff (name each): | <input type="checkbox"/> Plaintiff's attorney (name each): |
| (1) | (1) |
| (2) | (2) |
- ☐ Continued on Attachment 3b.
- | | |
|---|--|
| <input type="checkbox"/> Defendant (name each): | <input type="checkbox"/> Defendant's attorney (name each): |
| (1) | (1) |
| (2) | (2) |
- ☐ Continued on Attachment 3b.
- c. ☐ Defendant did not appear at trial. Defendant was properly served with notice of trial.
- d. ☐ A statement of decision (Code Civ. Proc., § 632) was not was requested.

982(a)(6)

FOR COURT USE ONLY

Heller Case

Date: August 27, 2003

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

Clerk by: _____ Deputy

2158 W. 190TH STREET
TORRANCE, CA 90504-6103

RETURN SERVICE REQUESTED

American Agencies

800-521-4956

May 13, 2004

ULTIMATE M CORPORATION
CQ 2065298
4301 E VALLEY BOULEVARD, #C-4
LOS ANGELES CA 90032-3632



RE: KELLY BAUSERFELD LOWRY & KELLY
Account Number: CQ 2065298
Principal Owed: \$8464.89
Interest: \$909.11
Pay This Amount: **\$9374.00**

(Patent Lawyers Fee)

American Agencies, an accounts receivable management firm, has been retained to help you resolve your unpaid account for \$9374.00 that was referred to us by our client. The purpose of this letter is to thank you for allowing our client to serve you, possibly re-establish that business relationship, and help maintain your current credit standing by satisfying this unpaid account.

Our firm would also like to ask you if there is any reason for you not paying this balance? Please call us at 800-521-4956 and advise us of when we can expect your payment or to let us know your position on this matter.

Please send all payments to **American Agencies**, not to our client. If you have made any payments, please deduct them from the above stated amount and send the remaining balance. If payment was sent directly to our client, please inform us in order to assure accurate credit reporting and follow up.

This has been sent to you by a debt collector or collection agency. This is an attempt to collect a debt and any information obtained will be used for that purpose.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Calls are randomly monitored and/or
recorded for quality and training purposes.

We will not submit negative credit information to Experian and TransUnion credit-reporting agencies about this obligation until approximately 30 days after the date of this notice. Please do not delay. Contact us today.

Return this portion with your payment

Detach this payment coupon and return it with your payment in the envelope provided.

Make check or money order payable to: **American Agencies**. Do not send cash.

Please write your Account Number shown below on your payment.

Account Number: CQ 2065298

Pay This Amount: **\$9374.00**

American Agencies
CQ 2065298
P.O. Box 2829
Torrance, CA 90509-2829

From: _____

Phone: _____

Address: _____

☐ Check here if new address or phone
Marque aquí si su dirección o teléfono cambió

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SEP 07 2011



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OF ORIGINAL FILED
Los Angeles Superior Court

JUN 11 2004

John A. Clarke, Executive Officer/Clerk
By SUE GABB Deputy

1 GREGORY W. SMITH (SBN 134385)
2 LAW OFFICES OF GREGORY W. SMITH
3 3435 Wilshire Boulevard, Suite 2920
4 Los Angeles, California 90010
5 Telephone: (213) 385-3400
6 Telecopier: (213) 384-7110

7
8 Attorneys for Plaintiff
9 YOON CHA NA

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**SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES**

YOON CHA NA,

Plaintiff,

vs.

ULTIMATE MOTROLLER
CORPORATION; ERNEST E. DOW;
JAE LIM; KI BONG PARK; and DOES 1
through 20, inclusive,

Defendants.

CASE NO. 80316961

COMPLAINT FOR DAMAGES:

1. BREACH OF CONTRACT;
2. MONEY LENT;
3. MONEY HAD AND RECEIVED

GENERAL ALLEGATIONS

1. Plaintiff YOON CHA NA is, and at all times herein mentioned was, a
residents of Los Angeles County, State of California.

2. Plaintiff is informed and believe and thereupon alleges (that, at all times
herein mentioned, Defendant ULTIMATE MOTROLLER CORPORATION (hereinafter
"Defendants"), is and was a entity organized by virtue of the laws of the State of
California, authorized to conduct business in the County of Los Angeles, and was as a
matter of commercial actuality, in purposeful economic activity, within the County of Los
Angeles, State of California.

3. Plaintiff is informed and believes and thereupon alleges that, at all times

F:\ANGS\Na Yoon\Caption.wpd

COMPLAINT FOR DAMAGES